The Day All The Volunteers Left

Suzanne Lawson, CVA

Early in my career as a volunteer administrator, I received a wonderful one-page handout from a Marlene Wilson workshop that highlighted a list of things that didn't happen "The Day All the Volunteers Stayed Away." On March 27, 2003, three weeks into my new job as Director of Volunteer Resources at Toronto's Hospital for Sick Children, it actually happened—all of the volunteers at the hospital were asked to leave within the hour! SARS (Severe Acute Respiratory Syndrome) had arrived in Toronto, and this world-famous hospital for children was essentially closed down to visitors and volunteers in a mammoth effort to contain the virus. The prestigious hospital volunteer program (winner of a city newspaper's award as the Best Place To Volunteer in Toronto) was closed down.

The Toronto Hospital for Sick Children, affectionately call "Sick Kids" by many Canadians, had about 400 volunteers actively involved in direct and supportive services throughout the hospital. There was a superb program in the Emergency Department, where volunteers greeted families as they waited, worked with the children (patients and their siblings) to keep them happily occupied, and helped parents cope with their anxiety. Volunteers played with kids in the well-equipped playrooms on each unit, cuddled babies who needed warmth, and gave weary parents a break for their lunchtime. Volunteers ranged in age from late teens to nearly 80.

PRIOR TO MARCH 26

The volunteer program was on the cusp of regular seasonal changes as the SARS crisis began. March is the time of year we begin planning the summer program that brings in about 400 high school and university students for an experience within the hospital setting. Young people who are looking at potential careers in the medical and health-care area, as well as those investigating working with children in the future have, in the past, found this volunteer opportunity a great summer experience. (So-called "year-round volunteers" were then offered an opportunity to take the summer off if they wished.) April was traditionally the month to hire the summer program coordinator and begin to schedule screening interviews for applicants.

The Women's Auxiliary (an entity separate from Volunteer Resources) was beginning to make plans for the handover of several of their services to summer volunteers from our program.

In addition to our volunteer placements, we had built an excellent placement reputation for co-op students, both from high schools and from the university programs related to the profession of Child Life. These co-op students were beginning their spring term with us. They were building a sense of team and testing the waters in their placements, mostly in administrative positions on various patient care units, in research, and in clinics. Their credits for the school year were hanging on their work in the placements.

On top of all of this, the Volunteer Resources Department had a new director, who had less than three weeks to get to know some basics about the hospital. I was brand new to a hospital setting, so the learning curve was quite sharp anyway. The staff had been managing without a director for nine months, and really wanted to get moving on some new program development that had been on hold. The Student Advisory Committee was well into a major project on help-

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ing young volunteers deal with grief. I had had one meeting with the Volunteer Advisory Committee and was raring to go to make changes to solidify the program.

THE FATEFUL DAY

On March 27, 2003 the orders were given to remove volunteers from all Toronto area hospitals. Our staff immediately tracked down each of the volunteers currently in the hospital to help them understand why they had to leave. The database was searched for those who would be on duty, first that evening, and then later that week, so that phone calls could be made to alert them to the new status. We worked the phones and broadcast e-mails, missing very few people who turned up for their shift only to be turned back at the door by masked "screeners." Thank goodness for almost-up-to-date database programs!

As Director of Volunteer Resources, I am a member of the Human Resources Department...the group that was then handed the responsibility of managing the whole screening effort for the hospital (for what turned out to be seven weeks). I was immediately called into service for the first screening shift early that evening...telling parents that only one of them could accompany their sick child to Emergency; turning back grandparents, aunts, uncles and siblings who would no longer be able to visit the in-patient (the one parent rule held here too); and getting used to a smelly and confining mask that makes you look much like a duck and muffles your words.

As a student of organizational change, I had a chance to see a huge organization turn on a dime, moving from a hospital that boasted of (and evidenced!) true "family-centered care" to one that held back shocked parents, relatives and siblings from even visiting.

The Play Park for siblings on the main floor (operated by the Women's Auxiliary) was closed; doors to all patient units were closed; children were confined to their rooms; Marnie's Lounge, a gathering place for children, family, and volunteers —where they could watch large-screen TV, play on the computer, and bake cookies—was off limits; and the seating area of the cafeteria was blocked off. Neither staff nor parents nor kids could "congregate."

AFTER THE FIRST FEW DAYS...

The Volunteer Resources staff began to come out from under the contributions we needed to make to the screening teams (photocopying information packages, collating materials, ordering the printing of material, training screeners, supporting the screening stations at each hospital entrance, etc.) after the first few days, and we began to turn our attention to the need for monitoring and supporting a volunteer force that could not be on site—a conundrum indeed. The major question was how to keep a volunteer force motivated when the very reason most had volunteered was denied them?

Our response was a commitment to be in touch with each volunteer (or at least try to be in touch) once a week. Utilizing the two part-time staff who could not come into the hospital at that time and a couple of the volunteer leaders from the Volunteer Advisory Committee, we began the first set of calls. A script was developed to guide the calls, but callers were urged to do their own adaptation so that it was a friendly and warm connection. The volunteers on the other end of the phone were encouraged to speak of their emotions at being "locked out," and to begin to think of whether they might be able to continue their volunteer role through the summer. We also used this opportunity to update contact information.

Many of the calls went to answering machines, but at least there was an inviting and caring human voice passing on the information. The volunteer and staff callers reported feeling better *themselves* after these calls because there was such an enthusiastic commitment from the volunteers to continue volunteering at Sick Kids. Most volunteers were eager to return and offered to do anything they could to help. The second call a week later gave more details about the SARS restrictions, and callers continued to receive supportive answers to the question of ongoing volunteering.

Then came Volunteer Week. The staff was

able to meet with a few volunteers (outside the hospital of course) and do a mailing to thank volunteers for their commitment over the past year. It was easy and very powerful to be able to tell our volunteers that their contributions were so noticeable, in their absence, that the understanding of what volunteers contribute was high across all the staff, among the families, in the Executive Offices, and with patients. The 400-plus letters were hand-signed by the president of the Volunteer Advisory Committee and myself.

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A second mailing the following week from the President of the Hospital (orchestrated by our department) was one of gratitude for their commitment and patience.

A commitment was made to maintain regular communications until the program was back in full swing, a decision we were extremely pleased about since it has broadened the connections among volunteers, built the role of the Volunteer Advisory Committee, and made volunteers who were forced to be absent feel a little more connected.

HARD DECISIONS MADE

After we began to realize that the SARS crisis was going to be with us for more than a few days, we had to face some very difficult decisions. The summer program (400 plus high school and university students coming into Sick Kids for one month placements) was to begin in June. We needed to decide by late April whether there would be the capacity to bring students as young as 16 into the hospital this summer.

With great regret, we decided that this could not be the case. We could not have volunteers for the foreseeable future, and staff were too over-burdened to take on the supervision of young people and give them a good experience. This decision reduced our volunteer strength (and, of course, the statistics which are used for reporting and grant-seeking) and denied the young people in Toronto a credit for useful volunteer work on their resume.

Another tough decision was what to do about the Co-Op Program for students from Toronto-area high schools and a few universities. Students were just beginning their placements, and their marks and required "hours" were needed for graduation or passing their years. Now they could not come in. As time went on, concerns about whether the students could complete their year at Sick Kids increased.

Working in concert with the other hospitals, we were about to make public the obvious decision when the Toronto School Board announced that no co-op students would be placed in hospitals for the rest of the year. This removed both the students and the hospitals from limbo. Sadly, we had removed from many young people tbe opportunity of a lifetime—to work in close connection with healthcare professionals and learn what the various professions might be like as a future occupation.

BEGINNING TO PLAN FOR VOLUNTEER REENTRY: NEW ASSIGNMENTS

Following a discussion with a lead professional in Infection Control about the issues surrounding volunteer re-engagement, it began to dawn on us that our understanding of this volunteer program would have to change drastically at least for the foreseeable future. If volunteers could not be with the children or their families then positions needed to be developed that made them feel they were contributing indirectly to the children and their families, or contributing to the capacity of the overburdened staff to deliver better service to the children.

The team of professional volunteer administrators (four) began in earnest to design positions that fit the criteria given to us by Infection Control (limited numbers; no patient or family contact) and the criteria that

we deemed important (indirect connection to the kids; help to a beleaguered staff).

As of this writing, we have described and articulated 19 formal position descriptions that meet all these criteria. They range from the cleaning and/or reorganization of the playrooms (which are at this time locked and not able to be used by children on the units), to tackling the archiving of volunteer files, to videoing games and contests for the hospital's closed circuit TV.

Because these positions are often not as compelling as what volunteers are used to doing at Sick Kids, we have been careful to clarify within the body of each position description the two headings: *Benefits to the Hospital* and *Benefits to the Volunteer.*

Recruiting to these positions has not been easy. Those who have had leadership in the program (members of the Volunteer Advisory Committee and the Student Leadership Advisory Committee) have had to be more open about trying something different for the sake of the cause. But they too long for the day when they can be back working with the kids on the units. Others volunteers have indicated that these positions do not interest them; being with the children is what they want and will wait for.

We are, however, making some progress in engaging a small number of volunteers, especially for work that involves being in a team.

BEGINNING TO PLAN FOR VOLUNTEER REENTRY: NEW CRITERIA

Since it was becoming obvious that the hospital really had changed and that much of the change could be permanent, we began to ask questions about what we needed to have in place for the volunteers as they came back.

First, we checked on the liability insurance and discovered that, while it is a good policy, it does not cover wage replacement should a volunteer not be able to work as a result of what happened in the hospital. Since many in the community were being quarantined for at least 10 days after exposure to a suspicious case of SARS, that was a real possibility for anyone exposed here. Working with solicitors and those skilled in risk management, we developed an informed consent form which volunteers now must sign before they can return.

We also realized that returning volunteers would need to understand what the staff and patients had been going through for many weeks. A reminder about handwashing and attention to cleaning was also needed. So, we designed a mandatory Volunteer Reentry Orientation Program. After three of these sessions, we are convinced that it helps folks come back into a somewhat stranger setting with more confidence and more caution. We have all learned a lot about infection control, and the re-entering volunteers are now as astute as we have become about this kind of diligence.

We were given permission to bring back up to 50 of our over 400 volunteers, subject to two conditions: the signed informed consent form and attendance at a Volunteer Reentry Orientation Program.

In many ways, these orientation programs have also been a bit like family reunions. We tell our stories (and there are many...about screening, about doing training at 6 a.m. for groups of screeners, and so on), and we reconnect with volunteers. There has been an added bonus in building for the volunteers a sense of a larger team in that they get to know people who ordinarily do not work on their shift.

THE FUTURE

As I write, restrictions are beginning to diminish, but volunteers are still not allowed to be with patients or families. We see that change coming in the fairly near future, but are certainly aware that, even then, we will be moving carefully to reintegrate. We also are quite sure that it will be some time, if ever, before volunteers will be active in such very high-risk areas as the Emergency Department and the Neonatal Intensive Care Unit—our former flagship programs.

Today we are preparing the Volunteer Lounge for the return of more of our volunteers. There will be huge construction paper daisies put on the wall, and staff from the whole hospital will be invited to leave messages on these daisies for the returning volunteers. Staff has been telling us daily that they

never again will take volunteers for granted. We needed to find a way to help them say that directly to the volunteers! So, "bouquets" on the wall will be our answer.

The hospital has changed forever. TheVolunteer Resources Program has also changed forever. It is just that we do not yet know what we will look like six months from now...let alone tomorrow!

WHAT HAVE WE LEARNED AS PROFESSIONALS IN VOLUNTEER ADMINISTRATION?

We have really learned that we need to be flexible! Whenever we have planned something, a change in directives meant a subsequent change to the overall plan. So, we have learned to dance with our skills and knowledge, creatively adapting at every turn.

We have had to pull out all the basics of our profession to design and redesign what volunteers do and how we will interact with them.

We now know that, in the future, we will need to recruit volunteers who have a variety of motivations...offering direct service to children who are ill is only one of these. We will need to be more proactive in targeted recruiting for administrative support volunteers and for special projects.

We have learned that working as a team is the only way to survive: we have actually had fun and built camaraderie during a time of severe distress at the hospital. We are better able to work collaboratively than before and are excited, if somewhat awed, by what the future will hold for the program.

We have learned much more about risk management and about how to be explicit about risk without scaring off potential volunteers.

We learned that, at the heart of a volunteer program, is clear and honest communication, and this communication can come from other volunteers and staff if there is a set script available. Frequency of communication is also important.

We have learned that volunteer administration is indeed a "work in progress."

AND WHAT QUESTIONS REMAIN?

These are questions that we will be puzzling over when the dust clears. We simply do not have time or perspective yet.

- What style of leadership (or what mix of leadership styles) is most useful to volunteer administrators in a crisis? After the crisis?
- How does the role of leadership volunteers have to change through the crisis and beyond?
- How do we maintain the integrity of the basics of our profession during swift and constant change? How do we keep grounded?
- What are the limits to the situations we can put volunteers in? What ethical and health considerations do we need to be considering?
- How do volunteer administrators and volunteers feel valuable when what we do is removed? What can be put in place to restore value?

POSTSCRIPT

Seven weeks to the day after the volunteers were sent home, we received word that they had permission to return to ALL their former tasks. We are rejoicing, as they are, but need to work now to make the reentry an orderly and exciting time for all. And the messages from staff are here, on the daisies and on the walls of the lounge. The Vice President of Clinical and Academic Affairs wrote: "HSC was not the same without you! It's great you're all back." Around the clock it reads, "Time went so slowly when you were not here!" A good start for a renewed future!

Volunteer Reentry Informed Consent Form May 2003

Please return the signed form to Volunteer Resources by fax (416 813 8191) or mail.

The presence of SARS in our city and in The Hospital for Sick Children means that there are certain people who will not, at this point, be able to volunteer in the Hospital. These people are:

- those who are employed by or work as volunteers in any other hospital or long term care facility;
- those who have travelled recently (within 10 days) to affected areas: China, Hong Kong, Vietnam, Singapore, Taiwan;
- those who have been hospitalized anywhere in the last ten days;
- those who are living with someone who is in quarantine for SARS.

If, as an HSC volunteer you will be in situations where masks are required, you must understand that they are particularly hard on those with sensitive skin or with allergies.

You will be required to attend a short but **mandatory** Reentry Orientation Program before beginning with your new volunteer tasks. This will focus on infection control, and an understanding of how protocols in the Hospital have changed since SARS.

If, as a result of being an HSC volunteer, you are not allowed or able to return to your regular paid work, HSC will not compensate you for any such financial loss.

The HSC will not compensate you or any member of your family should any of you become ill or become quarantined as a result of this volunteer assignment.

Should you at any time have a dry cough, fever, muscle aches, shortness of breath and/or a severe and unusual headache, you must stay at home until the symptoms have passed.

I have read the above and accept these conditions of volunteering at The Hospital for Sick Children. I understand that I will be working under stressful circumstances and there may not always be the nurturing and support that I as a volunteer might wish.

Name: (please print)

_____

Signature: _____ Date: _____